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Bib Data Sheet

CONFIRMATION NO. 9224

<b>SERIAL NUMBER</b> 10/616,403	<b>FILING OR 371(c) DATE</b> 07/08/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1643	<b>ATTORNEY DOCKET NO.</b> 023070-139300US
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**APPLICANTS**  
 Joe W. Gray, San Francisco, CA;  
 Richard M. Neve, San Francisco, CA;  
 Frank McCormick, San Francisco, CA;  
 Jennifer Yeh, San Francisco, CA;  
 Koei Chin, Foster City, CA;  
 Madhu Macrae, San Francisco, CA;

**\*\* CONTINUING DATA \*\*\*\*\***  
 NONE *amb*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 NONE *amb*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 10/16/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>AmH</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 5
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**ADDRESS**  
20350

**TITLE**  
Breast cancer genes

<b>FILING FEE RECEIVED</b> 536	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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<b>APPLICANTS</b> Joe W. Gray, San Francisco, CA; Richard M. Neve, San Francisco, CA; Frank McCormick, San Francisco, CA; Jennifer Yeh, San Francisco, CA; Koei Chin, Foster City, CA; Madhu Macrae, San Francisco, CA;				
<b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 10/16/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 20350				
<b>TITLE</b> Breast cancer genes				
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